

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11	/		/			
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17		/		/		
18	/		/			
19		/		/		
20		/		/		
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	4		4			
Total Depend	16		16			
Total Claims	20		20			